| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | A. Algent Agent Addressee B. Received by (Printed Name) C. Date of Delivery |
| | E- WH, MAKER 11-17-07 |
| Article Addressed to: | D. Is delivery address different from item 1? Yes If YES, enter delivery address below: |
| Oglebay Norton Company North Point Tower 1001 Lakeside Avenue, 15 th Floor | |
| Cleveland, OH 44114 | 3. Serfice Type ID Certified Mail |
| 07cv1064 S+C | 4. Restricted Delivery? (Extra Fee) |
| 2. Article Number 7 [] [] 3] [(Transfer from service label) | 10 0004 0799 1164 |
| PS Form 3811, August 2001 Domestic Ret | urn Receipt 102595-02-M-1540 |